bby certify that this paper (along with any paper referred to as being attached Dated: January 5, 2007 Signature:

nclosed) is being deposited with the U.S. Postal Service on the date shown by with sufficient postage as First Class Mail, in an envelope addressed to: mmissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Show

Docket No.: FELDER 3.9-001

CON DIV (PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Felder et al.

Application No.: 10/677,983

Group Art Unit: 1632

Filed: October 2, 2003

Examiner: A. M. Falk

For: G PROTEIN-RELATED KINASE MUTANTS

IN ESSENTIAL HYPERTENSION

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

This communication is in response to the Office Action mailed July 5, 2006, setting forth a Restriction Requirement in the captioned application. In the Office Action, the Examiner required restriction to one of the following inventions under 35 U.S.C. §121 enumerated as Groups I-XI.

In response to the request for Restriction, Applicants hereby elect Group III, claims 9-13. This election is made with traverse. The subject matter of claims 4-8, 22-24 and 27 is claimed in U.S. Patent 6,660,474, which issued from the parent application. Accordingly, these claims are being cancelled.

Notwithstanding the alleged differences in classification between the claims in Group III and Group IV, Applicants respectfully request а modification of the requirement so as to join claims 14, 25 and 26 with the elected claims, for purposes of examination. The claims of Group IV also recite a GRK4 protein. Thus, it would certainly appear that the search that would be conducted to determine whether the

claims of Group III, are patentable would be fairly, if not substantially coextensive with the search in connection with Group IV.

Applicants reserve the right to file a divisional application corresponding to the non-elected claims.

In the event any fee is due in connection with the response, the Examiner is authorized to charge Applicant's Deposit Account No. 12-1095 therefor.

Dated: January 5, 2007

Respectfully submitted,

Registration No.: 33,071 LERNER, DAVID, LITTENBERG,

KRUMHOLZ & MENTLIK, LLP

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Westfield, New Jersey 07090

(908) 654-5000

Attorney for Applicant

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PTO/SB/17 (07-06)

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Approved for use through 01/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ct of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Under the Parkers Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/677,983-Conf. #9056 Application Number FEE TRANSMITTAL October 2, 2003 Filing Date First Named Inventor Robin A. Felder For FY 2006 **Examiner Name** A. M. Falk Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1632 TOTAL AMOUNT OF PAYMENT FELDER 3.9-001 CONT DIV Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Number: 12-1095 Deposit Account Name: Lerner, David, Littenberg, Krumholz & Mentlik, LLP X Deposit Account For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 x Credit any overpayments **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 130 50 65 200 Plant 100 300 150 160 80 300 Reissue 150 500 250 600 300 200 100 Provisional 0 0 O n 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) **Fee Description** Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Fee Paid (\$) Extra Claims Multiple Dependent Claims - 38 = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) Indep. Claims 11 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

SUBMITTED BY						
Signature	Shaw	P. Foly	Registration No. (Attorney/Agent)	33,071	Telephone	(908) 518-6346
Name (Print/Type)	•	P	-		Date	January 5, 2007

Number of each additional 50 or fraction thereof

(round up to a whole number) x

4. OTHER FEE(S)

Extra Sheets

Non-English Specification, \$130 fee (no small entity discount)

- 100 =

Other (e.g., late filing surcharge):